

<b>Case Number:</b>	CM15-0206138		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male with a date of injury on 10-1-04. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-23-15 reports follow up for medication management. He recently discontinued Naprosyn due to the effects on his stomach and was given Ranitidine. He continued to have complaints of lower back pain that radiates down both legs. Physical exam states: he has painful gait and uses a cane to assist, lumbar spine has decreased range of motion due to pain and positive bilateral straight leg raise. MRI of the lumbar spine in 2006 that revealed L4-5 reveals diffuse disc bulge with foraminal narrowing left greater than the right; EMG of lower extremity in 2009 that revealed radiculopathy. Treatments include: medication, physical therapy, massage, electrical stimulation, exercise and injections. According to the medical records he has been prescribed Tizanidine since at least 6-25-15. Request for authorization was made for Tizanidine 4 mg. Utilization review dated 10-13-15 non-certified the request. The medication list include Tramadol, Gabapentin, and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tizanidine 4mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Muscle Relaxants (for pain) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Request is for Tizanidine 4mg. According to MTUS guidelines, Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain (Chou, 2007). One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia. He continued to have complaints of lower back pain that radiates down both legs. Physical exam: he has painful gait and uses a cane to assist, lumbar spine has decreased range of motion due to pain and positive bilateral straight leg raise. MRI of the lumbar spine in 2006 that revealed L4-5 reveals diffuse disc bulge with foraminal narrowing left greater than the right; EMG of lower extremity in 2009 that revealed radiculopathy. There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. Tizanidine is recommended as a first line medication for chronic myofascial pain. The request for Tizanidine 4mg is medically appropriate and necessary in this patient at this time.